

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/937230

FILING DATE

24 JAN 2002

APPLICANT(S)

May

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/		51								
2			/		/		52								
3			/		/		53								
4			/		/		54								
5			/		/		55								
6			/		/		56								
7			/		/		57								
8			/		/		58								
9			/		/		59								
10			/		/		60								
11			/		/		61								
12			/		/		62								
13			/		/		63								
14			/		/		64								
15			/		/		65								
16			/		/		66								
17			/		/		67								
18			/		/		68								
19			/		/		69								
20			/		/		70								
21			/		/		71								
22			/		/		72								
23			/		/		73								
24			/		/		74								
25			/		/		75								
26			/		/		76								
27			/		/		77								
28			/		/		78								
29			/		/		79								
30			/		/		80								
31			/		/		81								
32			/		/		82								
33			/		/		83								
34			/		/		84								
35			/		/		85								
36			/		/		86								
37			/		/		87								
38			/		/		88								
39			/		/		89								
40			/		/		90								
41			/		/		91								
42			/		/		92								
43			/		/		93								
44			/		/		94								
45			/		/		95								
46			/		/		96								
47			/		/		97								
48			/		/		98								
49			/		/		99								
50			/		/		100								
TOTAL IND.			3		1		TOTAL IND.								
TOTAL DEP.			19		27		TOTAL DEP.								
TOTAL CLAIMS			22		28		TOTAL CLAIMS								